

## **Vermont Mental Health Performance Indicator Project**

DDMHS, Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601 (802-241-2638)

### MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project  
Advisory Group and Interested Parties

FROM: John Pandiani and Monica Simon

DATE: March 12, 2004

RE: Source of Referral to Community Mental Health Programs

The planned reorganization of Vermont's Agency of Human Services (AHS) includes an emphasis on helping new clients "navigate" its system of care. This week's PIP examines the source of referral to community mental health services for individuals who entered treatment during FY2003. This is an example of the kind of information that could be useful for facilitating inter-agency coordination in the new AHS. Information is provided for each of four community mental health programs: Children's Services, Adult Mental Health Outpatient Program (AOP), Community Rehabilitation and Treatment (CRT) programs for adults with serious mental illness, and Substance Abuse programs.

Information on source of referral is provided by Vermont's designated community mental health programs as part of their standard client and service data reporting to DDMHS. Information on source of referral is collected at intake. (For this analysis, 29 discrete referral sources were grouped into 8 categories. A list of the original categories and the grouped categories is provided with the attached graph.) Since only one source of referral is collected, we assume this is the most important source but recognize that other sources of referral may have contributed as well. During FY2003, information regarding source of referral was reported for 84% of all admissions. AOP programs had the highest reporting rates (89%), followed by Substance Abuse (83%), CRT and Children's (80% each). Overall, reporting of source of referral during 2003 was somewhat lower than in FY2000 when information was provided for 91% of all admissions. Overall patterns of source of referral within programs, however, have remained consistent since FY1993.

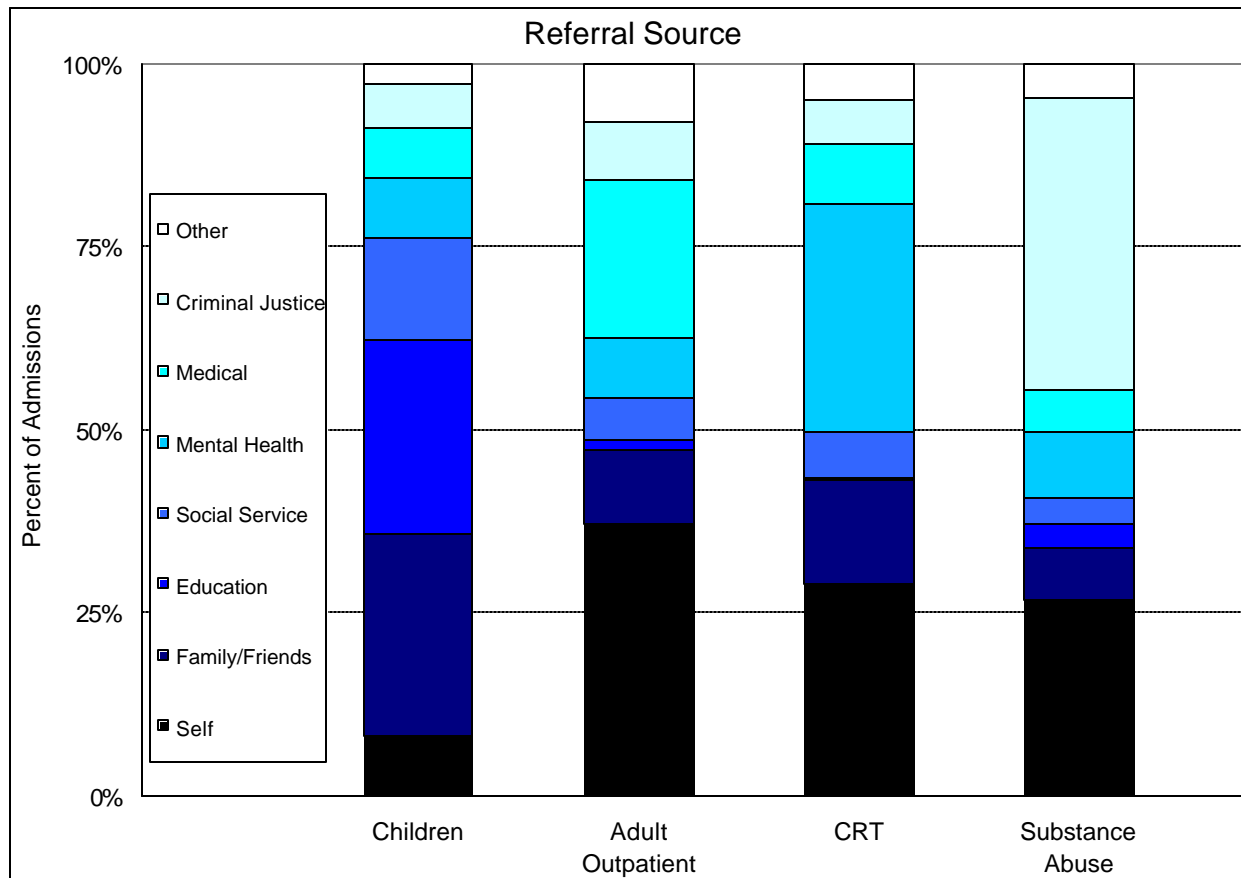
As you will see, there were substantial differences among treatment programs with regard to primary source of referral. Children's Services clients were most likely to be referred by family and friends (28%) or educators (27%). AOP clients were most likely to report self-referral (37%) or referral by medical practitioners (22%). CRT clients were most likely to be referred by other mental health practitioners (31%) or to be self-referred (29%). Substance Abuse clients were most likely to be referred by criminal justice agencies (40%), or to be self referred (27%).

We look forward to your comments regarding causes of the patterns found here as well as their implications for case management. Suggestions for further analysis will be welcome as well. As always, you can reach us at [pip@ddmhs.state.vt.us](mailto:pip@ddmhs.state.vt.us) or 802-241-2638.

# Source of Referral

## People Admitted to Community Mental Health Programs

### Vermont: FY 2003



Source of Referral	Percent of Admissions within Program			
	Children	Adult Outpatient	CRT	Substance Abuse
Other	3%	8%	5%	5%
Criminal Justice	6%	8%	6%	40%
Medical	7%	22%	8%	6%
Mental Health	8%	8%	31%	9%
Social Service	14%	6%	6%	4%
Education	27%	1%	0%	3%
Family/Friends	28%	10%	14%	7%
Self	8%	37%	29%	27%

Analysis is based on routine Monthly Service Reports of Children's Services, Adult Outpatient, Community Rehabilitation and Treatment (CRT) for adults with serious mental illness, and Substance Abuse Programs. Referral source is collected at intake.

Mental Health includes inpatient state psychiatric, inpatient general psychiatric, inpatient other psychiatric, inpatient alcohol, inpatient drug abuse, mental health center, outpatient psychiatric, outpatient private, mental health practitioner, partial day, shelter, outpatient alcohol, and outpatient drug abuse.

Medical includes physician and other inpatient unit.

Criminal Justice includes police and court/corrections.

Other includes nursing home, community residential, employer, local interagency team, state interagency team, and other.